

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

14 OCT 27 PM 04:57:39

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / MRS / MR FIRST <div style="text-align: center; font-size: 1.2em;">Kendall</div> <div style="text-align: right; font-size: 1.2em;">MI G.</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Pace</div>	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1411 Hardouin Ave. Austin TX 78703</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 917-3130</div>		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR FIRST <div style="text-align: center; font-size: 1.2em;">Larry</div> <div style="text-align: right; font-size: 1.2em;">MI —</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Chauvin</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1411 Norwalk Ln. #207 Austin. TX 78703</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 589-2083</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em;">09 / 26 / 2014 10 / 25 / 2014</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 04 / 2014</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) AISD Trustee, District 9, At-Large	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Pace, Kendall

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Austin Kids First PAC

COMMITTEE ADDRESS

P.O. Box 302107 Austin, TX 78703

COMMITTEE CAMPAIGN TREASURER NAME

Edwin Ochoa

COMMITTEE CAMPAIGN TREASURER ADDRESS

*8807 Dawnridge Cir #101
Austin, TX 78757*

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *—*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *45,200.-*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *—*

4. TOTAL POLITICAL EXPENDITURES

\$ *67,766.57*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *4,794.99*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *5,000.-*

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kendall Pace

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kendall Pace*, this the *27th* day of *October*, 20 *14*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/26/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Austin Kids First PAC

6 Contributor address; City; State; Zip Code

P.O. Box 302107 Austin, Tx 78703

7 Amount of contribution (\$)

\$25,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/26/14

Full name of contributor out-of-state PAC (ID#: _____)

Murphy, Rebecca

Contributor address; City; State; Zip Code

2004 Mistwood
Austin, TX 78746

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/14

Full name of contributor out-of-state PAC (ID#: _____)

Venn, Mary

Contributor address; City; State; Zip Code

1405 Preston
Austin, TX 78703

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/14

Full name of contributor out-of-state PAC (ID#: _____)

Dowell, Shannon

Contributor address; City; State; Zip Code

2809 Scenic Dr.
Austin, TX 78703

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/14

Full name of contributor out-of-state PAC (ID#: _____)

Benson, Craig

Contributor address; City; State; Zip Code

1415 Wathen
Austin, TX 78703

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/29/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Edwards, Allison

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2500 Woodmont
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/29/14

Full name of contributor out-of-state PAC (ID#: _____)

Trizarr, Ana

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7608 Kiva
Austin, TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/14

Full name of contributor out-of-state PAC (ID#: _____)

Brumley, Kay

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3208 Cheng Ln.
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/14

Full name of contributor out-of-state PAC (ID#: _____)

Wieland, Laura

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1312 Elton Ln
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/14

Full name of contributor out-of-state PAC (ID#: _____)

Butler, Bruce

Amount of contribution (\$)

\$200.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

98 San Jacinto
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Perry, Chris

6 Contributor address; City; State; Zip Code

2906 Cherry Ln.
Austin, TX 78703

7 Amount of contribution (\$)

\$50.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/6/14

Full name of contributor out-of-state PAC (ID#: _____)

Cowden, Kristin

Contributor address; City; State; Zip Code

2603 Escondido
Austin, TX 78703

Amount of contribution (\$)

\$100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/14

Full name of contributor out-of-state PAC (ID#: _____)

Banda, Jennifer

Contributor address; City; State; Zip Code

2501 Galewood
Austin, TX 78703

Amount of contribution (\$)

\$100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/14

Full name of contributor out-of-state PAC (ID#: _____)

Plummer, Suzanne

Contributor address; City; State; Zip Code

1802 Forest Tr.
Austin, TX 78703

Amount of contribution (\$)

\$100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4/2	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auler, Charles	7 Amount of contribution (\$) \$250.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2513 Hartford Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Thomas	Amount of contribution (\$) \$200.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1412 Gaston Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Blake	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4906 Tortuga Place Austin, Tx 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Box, Brooke	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3112 Windsor #308A Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alam, Omar	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1401 Gaston Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5/12	
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Tyler	7 Amount of contribution (\$) \$ 150.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3400 Windsor Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dochen, Sandy	Amount of contribution (\$) \$ 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5010 North Rim Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, Kevin	Amount of contribution (\$) \$ 150.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8101 Jester Blvd. Austin, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Muller, Montserrat	Amount of contribution (\$) \$ 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1413 Wathen Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Lisa	Amount of contribution (\$) \$ 750.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9309 Leaning Rock Cir Austin, TX 78730		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/21/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Mucci, Kelley

7 Amount of contribution (\$)

\$ 50.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2622 Woodridge
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/9/14

Full name of contributor out-of-state PAC (ID#: _____)

Reed, Ron

Amount of contribution (\$)

\$ 100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

719 Park
Austin, TX 78757

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/9/14

Full name of contributor out-of-state PAC (ID#: _____)

Bengtson, Cynthia

Amount of contribution (\$)

\$ 100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2902 Scenic Dr.
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/14

Full name of contributor out-of-state PAC (ID#: _____)

Zen, Nikki

Amount of contribution (\$)

\$ 250.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7630 Parkview Cir
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/14

Full name of contributor out-of-state PAC (ID#: _____)

Carlson, Michelle

Amount of contribution (\$)

\$ 100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1609 Mohle
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7/12

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/11/14

Dozier, Susan

6 Contributor address; City; State; Zip Code

**1311 Elton Ln.
Austin, TX 78703**

\$100.-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/12/14

Cox, Ardis

Contributor address; City; State; Zip Code

**4910 Westview
Austin, TX 78731**

\$100.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/13/14

Thompson, Carol

Contributor address; City; State; Zip Code

**4301 Cat Mountain
Austin, TX 78731**

\$50.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/13/14

Rivera, Julian

Contributor address; City; State; Zip Code

**2404 Forest Bend
Austin, TX 78704**

\$100.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/13/14

Graham, Ann

Contributor address; City; State; Zip Code

**3815 Ave. #
Austin, TX 78704**

\$50.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/14/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Austin Kids First PAC

6 Contributor address; City; State; Zip Code

P.O. Box 302107
Austin, TX 78703

7 Amount of contribution (\$)

\$10,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/14/14

Full name of contributor out-of-state PAC (ID#: _____)

Norman, Monique

Contributor address; City; State; Zip Code

3605 Edgemont
Austin, TX 78731

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/14

Full name of contributor out-of-state PAC (ID#: _____)

McCloskey, John

Contributor address; City; State; Zip Code

3807 Toro Canyon Rd #5
Austin, TX 78746

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/14

Full name of contributor out-of-state PAC (ID#: _____)

Pace, Charles

Contributor address; City; State; Zip Code

4650 Cole Ave
Dallas, TX 75205

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/14

Full name of contributor out-of-state PAC (ID#: _____)

von Donlen, Chris

Contributor address; City; State; Zip Code

1406 Kent Ln
Austin, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9/12**

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/17/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Swisher, Richard

6 Contributor address; City; State; Zip Code

**1210 Bruton Springs
Austin, Tx 78733**

7 Amount of contribution (\$)

\$250.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/14

Full name of contributor out-of-state PAC (ID#: _____)

Stone, Neil

Contributor address; City; State; Zip Code

**605 Piney Point
Austin, TX 77024**

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/14

Full name of contributor out-of-state PAC (ID#: _____)

Fey, Lori

Contributor address; City; State; Zip Code

**2209 Trail of Madrones
Austin, TX 78746**

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/14

Full name of contributor out-of-state PAC (ID#: _____)

Erwin, Stan

Contributor address; City; State; Zip Code

**477 Cortona Dr.
Austin, TX 78746**

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/14

Full name of contributor out-of-state PAC (ID#: _____)

Thompson, Lance

Contributor address; City; State; Zip Code

**1401 Hardouin Ave
Austin, TX 78703**

Amount of contribution (\$)

\$1000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/19/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Desai, Parul

6 Contributor address; City; State; Zip Code

1405 W. 29th
Austin, TX 78703

7 Amount of contribution (\$)

\$250.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/19/14

Full name of contributor out-of-state PAC (ID#: _____)

Fitzpatrick, John

Contributor address; City; State; Zip Code

1706 Nickerson St.
Austin, TX 78704

Amount of contribution (\$)

\$150.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/14

Full name of contributor out-of-state PAC (ID#: _____)

Christopher, Clayton

Contributor address; City; State; Zip Code

1855 Westlake Dr.
Austin, TX 78746

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/14

Full name of contributor out-of-state PAC (ID#: _____)

Johnson, Jenny

Contributor address; City; State; Zip Code

1012 Gaston
Austin, TX 78703

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/14

Full name of contributor out-of-state PAC (ID#: _____)

Dwyer, Allison

Contributor address; City; State; Zip Code

1107 Claire
Austin, TX 78703

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/23/14

5 Full name of contributor out-of-state PAC (ID#:

Lindsay Fitzpatrick

6 Contributor address; City; State; Zip Code

4006-A Maplewood
Austin, TX 78722

7 Amount of contribution (\$)

\$25.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/10/14

Full name of contributor out-of-state PAC (ID#:

Curry, Mark

Contributor address; City; State; Zip Code

4000 Tablerock
Austin, TX 78731

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/14

Full name of contributor out-of-state PAC (ID#:

Cebalski, Mark

Contributor address; City; State; Zip Code

13021 Legendary Dr. #422
Austin, TX 78727

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/14

Full name of contributor out-of-state PAC (ID#:

Martinez, Elaine

Contributor address; City; State; Zip Code

8705 Suburban
Austin, TX 78745

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/14

Full name of contributor out-of-state PAC (ID#:

Lulic, Mada

Contributor address; City; State; Zip Code

5423 Shoalwood
Austin, TX 78756

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
12/12

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/25/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Austin Kids First

6 Contributor address; City; State; Zip Code

P.O. Box 302107
Austin, TX 78703

7 Amount of contribution (\$)

\$1250.-

8 In-kind contribution description (if applicable)

~~1250.-~~
Campaign Consulting services

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/25/14

Full name of contributor out-of-state PAC (ID#: _____)

Ball, Mavis

Contributor address; City; State; Zip Code

7416 Wisteria Valley
Austin, TX 78739

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 5000. -
5 Date of loan 10/7/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Kendall	9 Loan Amount (\$) \$5000. -
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 1411 Hardouin Ave Austin, TX 78703	10 Interest rate 0%
		11 Maturity date 12/1/2015
12 Principal occupation / Job title (See Instructions) consultant		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/8		2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/26/14		5 Payee name Piryx.com			
6 Amount (\$) \$12.45		7 Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/27/14		Payee name Piryx.com			
Amount (\$) \$20.05		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) online transaction fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/29/14		Payee name Piryx.com			
Amount (\$) \$34.48		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) online transaction fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/29/14		Payee name U.S. Post office / Central Park Station			
Amount (\$) \$1470.-		Payee address; City; State; Zip Code Central Park station Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) stamps	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/8	2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/29/14	5 Payee name LaVo3
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6 Amount (\$) \$550.-	7 Payee address; City; State; Zip Code P.O. Box 19457 Austin, TX 78760
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Ad
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/14	Payee name The Liberator
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Amount (\$) \$80.-	Payee address; City; State; Zip Code 7309 Lazy Creek Dr. Austin, TX 78724
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/14	Payee name GMI Strategies
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Amount (\$) \$2593.04	Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting ^{advertising} expense	Description (If travel outside of Texas, complete Schedule T) signs + printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/14	Payee name Piryx.com
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Amount (\$) \$2.20	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/9	2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/31/14	5 Payee name Piryx.com
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6 Amount (\$) \$16.10	7 Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/6/14	Payee name Piryx.com
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Amount (\$) \$20.65	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7/14	Payee name Piryx.com
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Amount (\$) \$44.35	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7/14	Payee name City Lights Group
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Amount (\$) \$50,000.-	Payee address; City; State; Zip Code 1605 Kerr St. Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Tv ads
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/8	2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/8/14	5 Payee name Piryx.com	
6 Amount (\$) \$136.70	7 Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/9/14	Payee name Piryx.com	
Amount (\$) \$16.40	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/14	Payee name Piryx.com	
Amount (\$) \$28.25	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/14	Payee name Ed Shack	
Amount (\$) \$920.-	Payee address; City; State; Zip Code 814 San Jacinto Ste #202 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) electoral legal advice
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5/8		2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/14		5 Payee name Meer Sign Placement			
6 Amount (\$) \$1170.-		7 Payee address; City; State; Zip Code 6410 Ponca St Austin, TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Sign Placement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/14		Payee name Piryx.com			
Amount (\$) \$8.20		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) online transaction fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/12/14		Payee name Piryx.com			
Amount (\$) \$8.20		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) online transaction fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/13/14		Payee name Piryx.com			
Amount (\$) \$16.70		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) online transaction fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6/8	2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/14/14	5 Payee name GMI Strategies
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6 Amount (\$) \$4845.-	7 Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting & advertising	(b) Description (If travel outside of Texas, complete Schedule T) Monthly Consulting + Ad
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 10/14/14	Payee name City Lights Group
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Amount (\$) \$3650.-	Payee address; City; State; Zip Code 1605 Kerr St. Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Video for TV ad
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 10/16/14	Payee name Piryx.com
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Amount (\$) \$8.20	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 10/17/14	Payee name Piryx.com
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Amount (\$) \$100.95	Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7/8		2 FILER NAME Pace, Kendall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/14		5 Payee name Piryx.com			
6 Amount (\$) \$111.50		7 Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/14		Payee name Piryx.com			
Amount (\$) \$48.-		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Online transaction fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/21/14		Payee name The Austin Chronicle			
Amount (\$) \$1845.-		Payee address; City; State; Zip Code 210 Lavaca Ste #2010 Austin, Tx 78701-4583			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/22/14		Payee name Piryx.com			
Amount (\$) \$20.05		Payee address; City; State; Zip Code 144 2nd St. San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) online transaction fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8/8	2 FILER NAME Pace, Kendall	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/23/14	5 Payee name Piryx.com	
6 Amount (\$) \$2.28	7 Payee address; City; State; Zip Code 144 2nd St. San Francisco .CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) online transaction fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/25/14	Payee name Piryx.com	
Amount (\$) \$40.70	Payee address; City; State; Zip Code 144 2nd St. San Francisco .CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online transaction fees
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1

2 FILER NAME

Pace, Kendall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/30/14

5 Name of person from whom amount is received

Wells Fargo

6 Address of person from whom amount is received; City; State; Zip Code

**3105 Windsor
Austin, TX 78703**

8 Amount (\$)

\$0.09

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED